## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000393916

Entity Name: 4501 CUTLASS LLC

**Current Principal Place of Business:** 

4501 CUTLASS

UPPER CAPTIVA, FL 33924

**Current Mailing Address:** 

13627 GOLDEN MEADOW DR PLAINFIELD, IL 60544 US

FEI Number: 86-1181990 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALCORP SOLUTIONS, LLC 3440 W HOLLYWOOD BLVD. SUITE 415 HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 06, 2025

**Secretary of State** 

4267918414CC

Authorized Person(s) Detail :

TitleMGRTitleAUTHORIZED MEMBERNameCECCHI, ANGELANameROSENBERGER, RITAAddress13627 GOLDEN MEADOW DRAddress11238 VESSEY CIR

City-State-Zip: PLAINFIELD IL 60544 City-State-Zip: BLOOMINGTON MN 55437

TitleAUTHORIZED MEMBERTitleAUTHORIZED MEMBERNameROSENBERGER, JAYNameROSENBERGER, BECKYAddress1105 BROOKVIEWAddress1105 BROOKVIEW

City-State-Zip: ALTOONA IA 50009 City-State-Zip: ALTOONA IA 50009

Title AUTHORIZED MEMBER Title AMBR

Name CECCHI, ANGELA Name ROSENBERGER, RITA
Address 13627 GOLDEN MEADOW DR Address 11238 VESSEY CIR

City-State-Zip: PLAINFIELD IL 60544 City-State-Zip: BLOOMINGTON MN 55437

Title AMBR Title AMBR

NameROSENBERGER, JAYNameROSENBERGER, BECKYAddress1105 BROOKVIEW DRIVEAddress1105 BROOKVIEW DRIVECity-State-Zip:ALTOONA IA 50009City-State-Zip:ALTOONA IA 50009

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA CECCHI MGR 02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title AMBR

Name CECCHI, ANGELA

Address 13627 GOLDEN MEADOW DRIVE

City-State-Zip: PLAINFIELD IL 60544